

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030546

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8143

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB.

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

10 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Deaconess Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR TOWN Brentwood

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 2304 Patton Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First GRACE

Middle V.

Last STARK

4. DATE OF DEATH

Month August

Day 8

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-19-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Hope

13b. MOTHER'S MAIDEN NAME

Eliza J. Rogers

14. NAME OF HUSBAND OR WIFE

William H. Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gladys Propst

1332 Hawthorne

St. Louis 17, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic cerebrovascular disease

24 years

DUE TO (c)

Generalized arteriosclerosis

20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

331X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended my deceased from

6 December 1962 to 8 August 1963

and last saw her alive on 7 August 1963

Death occurred at

6:15 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

1695 Brentwood Blvd.
St. Louis 14, Mo.

22c. DATE SIGNED

8-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood 43, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 10 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Reynold L Emerson MD
WO 1-6387

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.